## EXHIBIT "C"

| 1<br>2<br>3<br>4<br>5 | LEONARD S. BECKER, ESQ. (SBN: 113065<br>JACQUELYN A. RUIZ, ESQ. (SBN: 319716)<br>LAW OFFICES OF LEONARD S. BECKER<br>A Professional Corporation<br>1728 B Street<br>Hayward, CA 94541-3102<br>Telephone: 510-886-1996<br>Facsimile: 510-538-8089<br>Attorney for Plaintiff,<br>RAY MIZYED |                                      |                    |
|-----------------------|---|--------------------------------------|--------------------|
| 6                     |   |                                      |                    |
| 7                     | SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO   |                                      |                    |
| 8                     | UNLIMITED JURISDICTION  |                                      |                    |
| 9                     |   |                                      |                    |
| 10                    | RAY MIZYED,   | Case No.: 21-CIV-03665               |                    |
| 12                    | Plaintiff(s),   | ) PLAINTIFF'S STATEMENT<br>) DAMAGES | I OF               |
| 13                    | vs. DOLLAR TREE STORES, INC. dba  | )                                    |                    |
| 14                    | DOLLAR TREE, and DOES 1 through 10 ) inclusive,   |                                      |                    |
| 15                    | Defendant(s).   | )                                    |                    |
| 16                    | Plaintiff <b>RAY MIZYED</b> sets forth his statement of damages pursuant to C.C.P. §425.11, as  |                                      |                    |
| 17                    | follows:  |                                      |                    |
| 18                    | 1. Hospital expenses and bills, if any:   |                                      | \$5,548.44         |
| 19                    | a) Kaiser Permanente:   |                                      | \$5,548.44         |
| 20                    | 2. Doctor, nurse, therapist, or other medic   | al practitioner expenses and bills,  | if any, to include |
| 21                    | future projections:   |                                      | See above.         |
| 22                    | 3. Wage or income loss, if any:   |                                      | None.              |
| 23                    | 4. Diminution of earning capacity, if any:  |                                      | Unknown.           |
| 24                    | 5. Property damage, if any:   |                                      | None.              |
| 25                    | 6. Statutory damage, if any:  |                                      | None.              |
| 26                    | 7. All other expenses, if any:  | In excess of                         | \$35,000.00        |
| 27                    | a) Future medical expenses:   | In excess of                         | \$10,000.00        |
| 28                    | ///   |                                      |                    |
|                       |   | 1                                    |                    |

## 8. General damages, including, but not limited to, pain and suffering, humiliation, permanent physical disability, physical incapacity, emotional and/or nervous pain and suffering. In excess of \$25,000.00 Dated: August 19, 2021 THE LAW OFFICES OF LEONARD S. BECKER A Professional Corporation By: Attorney for Plaintiff, RAY MIZYED

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PROOF OF SERVICE 1 2 I, the undersigned, declare that I am over the age of 18 years and employed in the City of Hayward, County of Alameda, State of California. I am not a party to the within entitled cause; my business address is 3 1728 B Street, Hayward, California 94541. 4 On the date shown below, I caused to be served the following document(s): 5 PLAINTIFF'S STATEMENT OF DAMAGES 6 on the parties in said action as follows: 7 Charles D. May, Esq. (via Email Only) 8 Andrea Breuer, Esq. (via Email Only) THARPE & HOWELL, LLC 9 Email: cmay@tharpe-howell.com Email: abreuer@tharpe-howell.com 10 11 (By Mail) placing a true copy of the above-referenced document(s), enclosed in a sealed envelope, with postage fully prepaid, in the United States mail at Hayward, California, for 12 collection and mailing on the date and at the place shown above following our ordinary business practices. I am readily familiar with this firm's practice for collecting and processing 13 correspondence for mailing. 14 ☐ (By Facsimile) by transmitting via facsimile the document listed above (WITHOUT EXHIBITS) to the fax number set forth herein, on this date before 5:00 p.m. 15 16 (By Federal Express) by placing a true and correct copy thereof in a sealed envelope(s), and placed the same with the mail room personnel for pickup by Federal Express in accordance with 17 the firm's ordinary practices. 18 (Personal Service) I caused such envelope(s) to be delivered by hand to the office(s) and/or residence(s) of the addressee(s). 19 20 ONLY BY ELECTRONIC TRANSMISSION. Only by e-mailing the document(s) to the persons at the e-mail address(es). This is necessitated during the declared National Emergency due to the Coronavirus (Covid-19) pandemic because this office will be working remotely, not able to send physical mail as usual, and is therefore using only electronic mail. No electronic message or 22 other indication that the transmission was unsuccessful was received within a reasonable time after the transmission. We will provide a physical copy, upon request only, when we return to the 23 office at the conclusion of the national emergency. I caused the above listed document to be emailed to the addresses listed above without identified Exhibits. 24 2.5 I declare under the penalty of perjury, under the law of the State of California, that the foregoing is true and correct. Executed on August 19, 2021 at Hayward, California. 26 27 28